This report is due September 19, 2011 from all candidates if there is a Preliminary Election anywhere in the City.



# Form CPF M 102: Campaign Finance Report Municipal Form

FITCHBURG CITY CLECK Campaign and Political Finance

of Massachusetts  2011 SEP 16 A 11: 40		File with	: City or Town Clerk or	Election Commission
Fill in Reporting Period dates: Beginning Date: Jan	1, 2011	Ending Date:	Sep 9, 2011	
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day afte	r election y	ear-end report	dissolution
PAUL DLO E EN Candidate Full Name (if applicable)	[Gammi	HEE TO Ele	ect Poull nittee Name	egoppe
COUNILIE WARO II Office Sought and District	DONI		parautee Treasurer	
129 WOOD LAND St Residential Address	12941	Committee	Mailing Address	MA
Telephone Number (optional): 9783952685	Telephone Nun	nber (optional):		
SUMMARY BALAN	CE INFORM	ATION:		
Line 1: Ending Balance from previous report	, [	(	2	
Line 2: Total receipts this period (page 3, line 1)	1)	K	#921	2.
Line 3: Subtotal (line 1 plus line 2)	تي `	370 33	98 P.L	•
Line 4: Total expenditures this period (page 5, li	ine 14)	37	70 疑	
Line 5: Ending Balance (line 3 minus line 4)		****		_
Line 6: Total in-kind contributions this period (p	page 6)			
Line 7: Total (all) outstanding liabilities (page 7	)			-  -
Line 8: Name of bank(s) used: TC CK6	det U	110N		
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans reveints, expenditures, disbursements, in the finance activity of all persons acting under the authority or on behalf of this committee.  Signed under the penalties of perjury:	d contributions and line accordance with the	iabilities for this reporti	ng period and represents L. c. 55.	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)	•		·
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reports	accordance with the	edge and belief, a true a requirements of M.G.L.	nd complete statement of c. 55. I have not receive	f all campaign financed any contributions,
Andidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to I finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or of Behalf of	the best of my knowle nts, in-kind contribut	ions and liabilities for t	nis reporting period and .	
Signed under the penalties of perjury: (Saul UC	il pole	(Candidate's signat	ure) Date:	

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/17	Bernard Westerling	\$20	Doctor
9/9	Phyllis Pawelski Clarendon ST	\$25	SETIRED
9/6	John Gabreiel mt Elam Rd	50	Phreed
9/19	Paul Lepaer	275 xx	CADOIDATE CONTRABUN
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		4
	RECEIPTS IN THE PERIOD	370px	Enter on page 1, line 2

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				·
•		Line 12: Total Expenditures over	er \$50 (or listed above)	and the same of th
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount 4
8/12/11	ISS	2 Shaker Ro	01110	215
9/12/11	JosePB BRIONA	Plans ress.	on CARDS	105.
		Line 12: Expenditures over \$50	0 (or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 370 \$\frac{3}{\pi}\$				370 X

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Pate Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
-				
_				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	